

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION



OMB APPROVAL

OMB Number: 3235-0076
Expires: April 30, 2008

Estimated average burden hours per response......16.00

# SEC USE ONLY Prefix Serial DATE RECEIVED

	nent and name has changed, and indicate change.)	
FrontPoint Offshore Japan Small/Mid Cap Fund		Section 4(6) ULOE
Filing Under (Check box(es) that apply):		Section 4(6) ULOE
Type of Filing: New Filing	Amendment	
	A. BASIC IDENTIFICATION DATA	
<ol> <li>Enter the information requested about the iss</li> </ol>		
Name of Issuer (☐ check if this is an amen FrontPoint Offshore Japan Small/Mid Cap Fund	dment and name has changed, and indicate change.) , L.P.	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o M&C Corporate Services, P.O. Box 309 G.T		345-949-8066
George Town, Grand Cayman, Cayman Islands		
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business	<u> </u>	
	equity and equity-related securities of financial services c	ompanies. PROCESSED
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		<b>FEB 2 3 2007</b>
		THOMSON
Type of Business Organization		THOWSON
		FINANCIA
corporation	☑ limited partnership, already formed	other (please specify)NANCIAI
	<ul><li>☒ limited partnership, already formed</li><li>☐ limited partnership, to be formed</li></ul>	other (please specify).NANCIAI
corporation	<u> </u>	other (please specify).NANCIAI
corporation business trust	limited partnership, to be formed  Month Year	other (please specify).NANCIAI
corporation	limited partnership, to be formed  Month Year	□ other (please specify). NANCIAI  □ Actual □ Estimated
corporation business trust  Actual or Estimated Date of Incorporation or Org	limited partnership, to be formed  Month Year  1 2 0 6	□ other (please specify).NANCIAI  □ Actual □ Estimated
corporation business trust	limited partnership, to be formed  Month Year	□ other (please specify).NANCIAI  □ Actual □ Estimated

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all Information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### ATTENTION not result in a loss of the fed

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) FrontPoint Japan Small/Mid Cap Fund GP, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2 Greenwich Plaza, Greenwich, CT 06830 Beneficial Owner ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) FrontPoint Partners LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2 Greenwich Plaza, Greenwich, CT 06830 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Hagarty, John Business or Residence Address (Number and Street, City, State, Zip Code) 2 Greenwich Plaza, Greenwich, CT 06830 Check Box(es) that Apply: Beneficial Owner □ Executive Officer General and/or ☐ Promoter □ Director Managing Partner Full Name (Last name first, if individual) Boyle, Geraldine Business or Residence Address (Number and Street, City, State, Zip Code) 2 Greenwich Plaza, Greenwich, CT 06830 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) McKinney, T.A. Business or Residence Address (Number and Street, City, State, Zip Code) 2 Greenwich Plaza, Greenwich, CT 06830 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Mendelsohn, Eric Business or Residence Address (Number and Street, City, State, Zip Code) 2 Greenwich Plaza, Greenwich, CT 06830 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Director General and/or Managing Partner Full Name (Last name first, if individual) Webb, James G. Business or Residence Address (Number and Street, City, State, Zip Code) 2 Greenwich Plaza, Greenwich, CT 06830 Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Credit Suisse London Nominees Ltd., as Nominee Business or Residence Address (Number and Street, City, State, Zip Code) attn: Dept. Unit Trust Settlements, 5 Cabot Square, GB-London E14 4QR (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Has the issuer sold, or does the issuer intend to self, to non-accredited investors in this offering?		<del></del>				В	. INFORMA	TION ABOL	JT OFFERIN	IG		<u> </u>		
Answer also in Appendix, Column 2, if filing under ULOE:   \$100,000	<del></del>		<del></del>	u				(A - A 1 -						
2. Whal is the minimum investment that will be accepted from any individual?	1.	•							П	×				
2	2	• • • • • • • • • • • • • • • • • • • •							\$100 000°					
2. Does the offering permit joint conversibly of a single unit?		77770												No
or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person a regent of a torker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (6) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that troker or dealer cohy.  Full Name (Last name Birst, If Individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check 'All States' or check individual States)	3.		_										_	
Business or Residence Address (Number and Street, City, State, Zip Code)	or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you													
Name of Associated Broker or Dealer	Full	Name (L	_ast name	first, if indivi	dual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Bus	iness or	Residence	Address (N	umber and S	Street, City,	State, Zip Co	ode)						
Check *All States* or check individual States    CA    CO    CT    DE    DC    [FL    CA    HII   ID    IID    IIN    IIA    IKS    IKN    ILA    IME    IMD    IMA    IMI    IMN    IMS    IMO    IMA    IMI    IMN    I	Nan	ne of Ass	sociated B	roker or Dea	ler									
III.   IIN										**********			☐ All States	1
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Full Name (Last name first, if individual)	-	-	[IN]	[IA]		• •					[MI]			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers   Check "All States" or Check individual)   (Check "All States" or Check individual States)   (Check "All States" or Check individual)   (Check "All States" or Check individual States)   (Check "All States" or Check i	_	_												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)   CA  [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IN] [IN] [IN] [IN] [IV] [VT] [VA] [VV] [VV] [VV] [VV] [VV] [VV] [VV	1)	≺ij	[SC]	[SU]	[IN]	[XI]	[01]	[VI]	[VA]	[WA]	[₩V]	[VVI]	[VVY]	ĮPKJ
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Check "All States" or check individual States	Nan	ne of Ass	sociated Bi	roker or Deal	ler									
[IL]         [IN]         [IA]         [KS]         [KY]         [LA]         [ME]         [MD]         [MA]         [MI]         [MN]         [MN]         [MO]           [MT]         [NE]         [NV]         [NH]         [NJ]         [NM]         [NY]         [NC]         [ND]         [OH]         [OK]         [OR]         [PA]           [RI]         [SC]         [SD]         [TN]         [TX]         [UT]         [VT]         [VA]         [WA]         [WV]         [WI]         [WY]         [PA]           Full Name (Last name first, if individual)           Business or Residence Address (Number and Street, City, State, Zip Code)           Name of Associated Broker or Dealer           States in Which Person Listed Has Solicited or Intends to Solicit Purchasers           (Check "All States" or check individual States)           [All States" or check individual States)           [AL]         [AK]         [AZ]         [AR]         [CA]         [CO]         [CT]         [DE]         [DC]         [FL]         [GA]         [HI]         [ID]           [IL]         [IN]         [IA]         [KS]         [KY]         [LA]         [ME]         [MD]         [MA]													☐ All States	
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RI													• •	· ·
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)														
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Name of Associated Broker or Dealer         States in Which Person Listed Has Solicited or Intends to Solicit Purchasers         (Check "All States" or check individual States)         [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]         [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]         [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	Full	Name (L	_ast name	first, if individ	dual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers         (Check "All States" or check individual States)         [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]         [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]         [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	Bus	iness or	Residence	: Address (N	umber and S	Street, City,	State, Zip Co	ode)						
(Check "All States" or check individual States)	Nan	Name of Associated Broker or Dealer												
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IN] [IN] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]														
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	[}	RIJ	[SC]	(SD)	[TN]	[ТΧ]	[UT]	[[\[ \T]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

<sup>\*</sup>The General Partner may waive the minimum investment in any particular case.

1.	. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	onclose for exchange and unday exchanges.	Aggregate	Amount
	Type of Security	Offering Price	Already Sold
	Debt	\$	\$
	Equity	<u>\$</u>	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	<u>\$</u>	\$
	Partnership Interests	\$2,100,000	\$2,100,000
	Other (Specify).	\$	\$
	Total	\$2,100,000	\$2,100,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	<u>2</u>	\$2,100,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$
	. •		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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<ul> <li>Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses in response to Part C – Question 4.a. This difference is the 'adjusted gross proceeds to the Issuer."</li> </ul>					<u>\$2,1</u>	2,100,000	
5.	Indicate below the amount of the adjusted groto be used for each of the purposes shown, furnish an estimate and check the box to the listed must equal the adjusted gross proceeds – Question 4.b above.	If the amount for any purpose is not known, of the estimate. The total of the payments				,	
				Payments to Officers, Directors & Affiliates		Payments To Others	
	Salaries and fees	,		\$		<u>\$</u>	
	Purchase of real estate			\$		\$	
	Purchase, rental or leasing and installation	on of machinery and equipment		\$		\$	
	Construction or leasing of plant buildings	and facilities		\$		5	
	Acquisition of other businesses (Including offering that may be used in exchange fo	g the value of securities involved in this r the assets or securities of another Issuer		\$		\$	
				\$		\$	
				\$		\$	
		partner interest of affiliated entity		\$	⊠	\$2,100,000	
				s		\$	
				\$	×	\$2,100,000	
	<del></del>	ded)		<b>⊠</b> \$2,100	0,000		
1.00 m. 1.70 m.		DEFEDERAL SIGNATURE				THE REPORT OF THE PARTY OF THE	
con	Issuer has duly caused this notice to be signed stitutes an undertaking by the Issuer to fumish to ished by the issuer to any non-accredited investigations.	by the undersigned duly authorized person. If to the U.S. Securities and Exchange Commission pursuant to paragraph (b)(2) of Rule 502.	f this i	notice is filed under Rule oon written request of its	505, t staff, t	he following signature the information	
	er (Print or Type)	Signatura (		Date			
Fro	ntPoint Offshore Japan Small/Mid Cap Fund,	Muly		February 16, 2007			
Na	ne of Signor (Print or Type)	Nite of Signer (Print of Type)					
T.A	McKinney	Senior Vice President of FrontPoint Japan S	mall/l	Mid Cap Fund GP, LLC,	Gener	al Partner of the Issuer	

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

